

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022060
STATE FILE NUMBER

042

774

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUL 9 1962

1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Joseph, ^{Washington} Township

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

3 mi S. City Limits

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY Buchanan

Inside Limits

Yes ☒ No ☐

c. CITY

OR TOWN

Faucett

d. STREET ADDRESS

XX

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

James

Merlin

Osborn

4. DATE OF DEATH

Month

Day

Year

July, 1, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married

☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Dec 27, 1937

9. AGE (last birthday)

24

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Continental Can

11. BIRTHPLACE (City and state or country)

Stanberry Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Donald Osborn

13b. MOTHER'S MAIDEN NAME

Eileen Carter

14. NAME OF HUSBAND OR WIFE

Laveda Ann Osborn

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Donald Osborn, Stanberry Mo

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Traumatic Shock due to Skull Fracture

and Hemorrhage, due to one car

Collison with pillar at overpass

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

30 mins.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Apparently asleep at wheel

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year

6:10 P.M. July 1, 1962

20d. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

3 miles S. of, of

20f. CITY, TOWN, OR LOCATION

St. Joseph, Buchanan

COUNTY

STATE

Mo

21. I am the deceased from

to

and last saw him on

July 1, 1962

Death occurred at about 6:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

S.E. Melaney, M.D. Coroner

22b. ADDRESS

Kirkpatrick Bldg, St. Joseph, Mo

22c. DATE SIGNED

7/1/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7/3/62

23c. NAME OF CEMETERY OR CREMATORY

High Ridge Cemetery

23d. LOCATION (City, town, or country)

Stanberry Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

St. Joseph, Mo

25. DATE RECD. BY LOCAL REG.

July 2, 1962

26. REGISTRAR'S SIGNATURE

Mrs. Clara Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

S.E. Melaney, M.D.

